## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  COMMON SENSE LEADERSHIP FOR AME	RICA	FEC IDENTIFICATION NUMBER ▼
OUMINION OF NOT FEET TOTAL TOT		C C00615930
Check if 24-hour report 48-hour report Nev	w report Amends report f	illed on
Full Name of Payee RISING TIDE INTERACTIVE		Date of Public Distribution/Dissemination
Mailing Address 1250 H STREET NW		08 11 2016
SUITE 200		Amount
City State	Zip Code	5500.00
WASHINGTON DC	20005	Transaction ID : SE.4159  Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	riffice Sought: X House District: 09
DENA MD, PHD GRAYSON	X Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	D	Other (specify) ► General
(a) SUBTOTAL of Itemized Independent Expenditures		5500.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	•	5500.00
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.	•	•
	ectronically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		